### CITY OF LINCOLN **COUNTY OF LANCASTER**

Vince M. Mejer, CPPO, C.P.M. Purchasing Agent

(402) 441-7410 FAX: (402) 441-6513 purchasing@ci.lincoln.ne.us

### **QUOTATION REQUEST**

Quote Prices F.O.B. Destination Lincoln, Nebraska

Date -	12/01/05
Order No	1713 OQ
Date Due -	12/07/05

OUOTATIONS MUST BE RECEIVED IN THE PURCHASING DIVISION OFFICE BY THE DUE DATE SPECIFIED ABOVE

PLEASE MAKE NECESSARY VENDOR INFORMATION CORRECTIONS ON THIS FORM:				
VENDOR INFORMATION		Retu	rn Quotation Request To	
	3 pg s	K-Street 440 S 8t Lincoln	ng Division Complex h St Ste 200 NE 68508 Tom - Quotes	Buyer
Itom Number / Description		777.6	Unit	Total
Item Number / Description			Price	Price
0000010 Miscellaneous		1 EA		
Thermal Dynamics, Model "Cut Ma system or City Approved equal.	ster 81" air	plasma cu	tting	
Mfg	No.			
		Meet	s Spec	
<ol> <li>Cutting ability: 1" and below stainless steel, and aluminum</li> <li>Output current: 20-60 Amps at an an</li></ol>	djustable e plug 208 gree head 3 year power			
J VEN	IDOR MUST CON	(Desision	OLLOWING <b>L</b>	
The undersigned represents and warrants that he/				to enter into a contract upon

acceptance by the City/County. The undersigned agrees to comply with	th all conditions above and on reverse side of this document.				
COMPANY NAME	BY (PRINT NAME)				
ADDRESS	SIGNATURE				
	TITLE				
TELEPHONE	DATE				
EMPLOYER FEDERAL ID NO. OR	DELIVERY SCHEDULE				
SOCIAL SECURITY NUMBER	DAYS ARO				

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VENDOR INFORMATION
1

#### Return Quotation Request To:

Purchasing Division K-Street Complex 440 S 8th St Ste 200 Lincoln NE 68508 Kopplin, Tom - Quotes

Buyer

							Unit	To	otal
Item	Number	/	Description	Qu	antity	UM	Price	Pı	rice
Mfg				No.					

Please fax your quotation back to us by 4:30 p.m. on the above referenced date. Fax to attention of Debbie Winkler at 402/441-6513.

<b>■</b> VENDOR	RMUST COMPLETE THE FOLLOWING 🕒				
	has full and complete authority to submit this quotation and to enter into a contract upon es to comply with all conditions above and on reverse side of this document.				
COMPANY NAME BY (PRINT NAME)					
ADDRESS					
	TITLE				
TELEPHONE					
EMPLOYER FEDERAL ID NO. OR	DELIVERY SCHEDULE				
SOCIAL SECURITY NUMBER	DAYS ARO				